Performing Public Health (PPH) was an initiative within the University of Florida Center for Arts in Medicine’s (UFCAM) COVID-19 Arts Response that considered both the crucial cultural measures needed to slow the spread of COVID-19, and the various ways artists perform culture-making in response. PPH tracked and supported the impact of COVID on the arts through its three working groups: an Advisory, Unique Precarities, and Remote Cultures. Each group contributed materials and perspectives to the considerations of the initiative, with the greater group gathering consistently to reflect and reconsider.

The Advisory team created a brief, offering CDC-guided suggestions for safe practices, resources for research and tips on infection control recommendations for artists and arts communities. Unique Precarities curated the pandemic work of marginalized artists and communities and placed them alongside institutional research, to serve as an interdisciplinary index of creative support. Finally, Remote Cultures hosted a conversation series between artists, public health experts, and empirical scientists, to document how these various groups were challenged by and adapted to social distancing and other constraints. More about this last project’s takeaways here.

Key Questions:

- how do we center artists in fields that are not designed to center them?
- how do we continue to advocate for artistic knowledges in western institutional contexts, with their constructed norms of how do artists change institutionalized practices?
- how do artists and scientists navigate disparate vocabularies and engrained ways of approaching a problem? How do artists and scientists create a shared vocabulary?
- how do we learn from marginalized artists to create expansive institutional programs, processes, practices and structures?
- how do definitions of research both support and limit artists?
- what if, for instance, health/medicine is in the arts, rather than arts in health/medicine?
- how do we apply the science of public health to arts processes?
- how do we hold space both for centuries-long aches and folks for whom that pain is new information?
- how do we put this into language that will meet someone that needs to be disarmed?
Key Takeaways:

• The arts have the capacity to broaden conversations. The pandemic has been an opportunity to reimagine what it means to be human, acknowledge ignored wisdoms, and to recognize the impact of inequity. Institutions need to support the statement that “artist knowledges are valuable.” Ironically, this needs to be presented in an institutionalized format.
• The arts have the capacity to broaden conversations. Pandemic as an opportunity to create a new space to reimagine what it means to be human, acknowledge ignored wisdoms, and also to recognize the impact of inequity. Institutions need to support the statement that “artist knowledges are valuable.” That ironically this needs to be presented in an institutionalized format.
• The importance of keeping up with the changing information: artists and scientists need to be in perpetual dialogue with one another.
• Stay focused on the practical, immediate needs of the communities affected by dialogues in arts + public health.
• Interconnectedness is a strength. Overcoming silos is a challenge.

Key Considerations Going Forward:

• Ecological consciousness: how do we incorporate the more-than-human? How could we be more ecologically focused? The arts can act as a force for connection to the world around us, and exist outside of academic paradigms. Conscious engagement with spiritual practices could be a part of this dialogue. Art is always about relationships.
• How can we continue to collaborate interdisciplinarily?
• The arts are not just entertainment—they are central to re-envisioning processes and cultural understandings. (What about “Health in Arts”? )
• How do health officials engage with artists more?
• Resist the biomedical paradigm as the ultimate arbiter of value, process and knowledge—engage with the arts as a means of expanding understandings of embodiment, healing and disabled knowledges.
• How can we utilize examples of engagement in the arts during this time to prove the power of the arts on health & well-being in a way that is sustainable (so art doesn't have to keep proving its value)?
• Continue to centralize the value of the arts.